

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street) ▼

8735 Henderson Road

☐ Check if different than previously reported. (ACC)

Tampa

FL

33634

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390575

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☒ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2016

through

M M M / D D D / Y Y Y Y Y Y
06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maurice Hebert

Signature of Treasurer

Maurice Hebert

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 14 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		147436.88
(b) Cash on Hand at Beginning of Reporting Period.....	83838.77	
(c) Total Receipts (from Line 19)	50447.73	98599.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	134286.50	246036.50
7. Total Disbursements (from Line 31)	35500.00	147250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	98786.50	98786.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

38029.07

54382.51

(ii) Unitemized

12418.66

44217.11

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

50447.73

98599.62

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

50447.73

98599.62

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

50447.73

98599.62

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

50447.73

98599.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	118500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	9500.00	28750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35500.00	147250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35500.00	147250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50447.73	98599.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50447.73	98599.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Saleh Ahmed

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26256

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Saleh Ahmed

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26529

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25068

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25325

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25741

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26010

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26140

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26417

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Margaret Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25039

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

173.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Margaret Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25296

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Margaret Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25810

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Margaret Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26074

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Margaret Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26112

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Margaret Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26386

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joseph Anselmo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.25989

Amount of Each Receipt this Period

20.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

213.13

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Joseph Anselmo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26191

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joseph Anselmo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26464

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Norma I. Asencio

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26306

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

60.89

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Norma I. Asencio

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26579

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25057

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25314

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25727

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.25997

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26131

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26405

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25060

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25317

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25731

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26000

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26134

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26408

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26201

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26475

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Matthew J. Bertrand

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26305

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Matthew J. Bertrand

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26578

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sean L. Bird

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26207

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sean L. Bird

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26481

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Phillip P. Bisesi

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26280

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Phillip P. Bisesi

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26554

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jason T. Bollent

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26275

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jason T. Bollent

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26549

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Edward J. Brogan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26255

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Edward J. Brogan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26528

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kimya M. Brown

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26259

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kimya M. Brown

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26532

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25022

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25279

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25826

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26089

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26095

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26369

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.25030

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.25287

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.25801

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26065

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26103

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26377

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Eric W. Campbell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25773

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eric W. Campbell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26041

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eric W. Campbell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26173

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Eric W. Campbell

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26446

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amy Carr

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26292

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amy Carr

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26566

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christine K. Cashen

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26241

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christine K. Cashen

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26514

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert A. Champagne

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

04 / 08 / 2016

Transaction ID : SA11AI.25079

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert A. Champagne

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 22 2016

Transaction ID : SA11AI.25335

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert A. Champagne

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 06 2016

Transaction ID : SA11AI.25751

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert A. Champagne

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 20 2016

Transaction ID : SA11AI.26021

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert A. Champagne

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26154

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert A. Champagne

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26427

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Donna M. Chapman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26237

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Donna M. Chapman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26511

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patricia Ciampa

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26215

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patricia Ciampa

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26489

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas Clegg

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25100

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Clegg

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25356

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Thomas Clegg

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25779

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas Clegg

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26047

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Clegg

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26180

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Clegg

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26452

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25108

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25364

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25787

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26055

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26188

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26460

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Benjamin M. Craig

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26219

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Benjamin M. Craig

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26494

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Justin R. Cramer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25078

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Justin R. Cramer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25334

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Justin R. Cramer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25750

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Justin R. Cramer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26020

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Justin R. Cramer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26153

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Justin R. Cramer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26426

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher C. Cubero

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25074

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher C. Cubero

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25331

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher C. Cubero

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25747

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher C. Cubero

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26016

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher C. Cubero

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26150

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher C. Cubero

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26423

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Daniel Cup Choy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26251

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Daniel Cup Choy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26624

Amount of Each Receipt this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25032

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25289

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

193.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25803

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26067

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26105

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26379

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa R. Darley

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26218

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lisa R. Darley

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26493

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25046

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25303

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25818

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26082

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26120

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26394

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25066

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25323

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25739

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26008

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26143

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26415

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25110

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25366

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25723

Amount of Each Receipt this Period

28.84

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Valerie DeBoe

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.40

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11AI.25994

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Valerie DeBoe

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

317.24

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26189

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Valerie DeBoe

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

346.08

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26462

Amount of Each Receipt this Period

28.84

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Desiree Demonbreun

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26202

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Desiree Demonbreun

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26476

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Francis P. Dempsey

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25067

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Francis P. Dempsey

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25324

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Francis P. Dempsey

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25740

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Francis P. Dempsey

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26009

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Francis P. Dempsey

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26144

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Francis P. Dempsey

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26416

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Polak N. Desai

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26247

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Polak N. Desai

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26522

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Edmondson

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

04 / 08 / 2016

Transaction ID : SA11AI.25094

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Edmondson

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

04 / 22 / 2016

Transaction ID : SA11AI.25350

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Edmondson

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.25770

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Edmondson

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.26039

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Edmondson

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26171

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Edmondson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26444

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carolyn M. Enzinna

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26212

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Carolyn M. Enzinna

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26486

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

76.92

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas M. Everett

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25072

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas M. Everett

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25329

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas M. Everett

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25745

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas M. Everett

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26014

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas M. Everett

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26148

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas M. Everett

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26421

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa R. Faust

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SA11AI.26265

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa R. Faust

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.26538

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Featherston

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SA11AI.26281

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John Featherston

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26555

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25027

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25284

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25798

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26062

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26100

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26374

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert L. Flohr

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26260

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert L. Flohr

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26533

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ryan B. Fogarty

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26465

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dalvin Ford

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.25993

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dalvin Ford

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26195

Amount of Each Receipt this Period

20.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dalvin Ford

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26468

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marjorie P. Forgang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25082

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Marjorie P. Forgang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25338

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

97.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marjorie P. Forgang

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.25754

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marjorie P. Forgang

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.26024

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marjorie P. Forgang

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26157

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marjorie P. Forgang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26430

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25071

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25328

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25744

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26013

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26147

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26420

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26235

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26509

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

76.92

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lucy Frasca

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26274

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lucy Frasca

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26548

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dana French

Mailing Address 8735 Henderson Avenue

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25056

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dana French

Mailing Address 8735 Henderson Avenue

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25313

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dana French

Mailing Address 8735 Henderson Avenue

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25726

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dana French

Mailing Address 8735 Henderson Avenue

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.25996

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dana French

Mailing Address 8735 Henderson Avenue

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26130

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dana French

Mailing Address 8735 Henderson Avenue

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26404

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Leonard Genco

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26203

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Leonard Genco

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26477

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael A. Gerasimovich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26210

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael A. Gerasimovich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26484

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Roger T. Gerlach

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26225

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Roger T. Gerlach

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26499

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Darren Ghanayem

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26087

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

188.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Darren Ghanayem

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26098

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Darren Ghanayem

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26372

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth A. Gianini

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25086

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

338.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth A. Gianini

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25342

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth A. Gianini

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25758

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth A. Gianini

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26028

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth A. Gianini

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26161

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth A. Gianini

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26434

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25028

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

173.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 22 2016

Transaction ID : SA11AI.25285

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 06 2016

Transaction ID : SA11AI.25799

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 20 2016

Transaction ID : SA11AI.26063

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26101

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26375

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sabrina H. Gibson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25105

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sabrina H. Gibson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25361

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sabrina H. Gibson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25784

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sabrina H. Gibson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26052

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sabrina H. Gibson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26185

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sabrina H. Gibson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26457

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25023

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

269.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25280

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25827

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26091

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lori A. Gordon

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25076

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lori A. Gordon

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25332

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lori A. Gordon

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25748

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lori A. Gordon

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26017

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lori A. Gordon

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26151

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lori A. Gordon

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26424

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 258

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John D. Greeley

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	6

Transaction ID : SA11AI.25111

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John D. Greeley

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	6

Transaction ID : SA11AI.25367

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. John D. Greeley

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	6

Transaction ID : SA11AI.25724

Amount of Each Receipt this Period

28.84

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John D. Greeley

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.25995

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John D. Greeley

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26190

Amount of Each Receipt this Period

28.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. John D. Greeley

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26463

Amount of Each Receipt this Period

28.84

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

86.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 84 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lori-Don M. Gregory

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25053

Amount of Each Receipt this Period

46.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lori-Don M. Gregory

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25310

Amount of Each Receipt this Period

46.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lori-Don M. Gregory

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25792

Amount of Each Receipt this Period

46.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

138.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lori-Don M. Gregory

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.50

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11AI.26059

Amount of Each Receipt this Period

46.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lori-Don M. Gregory

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.65

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26127

Amount of Each Receipt this Period

46.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lori-Don M. Gregory

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.80

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26401

Amount of Each Receipt this Period

46.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

138.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 86 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dauda Griffin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26268

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dauda Griffin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26542

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25070

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25327

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25743

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26012

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26146

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26419

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alexander Gutierrez

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26133

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alexander Gutierrez

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26407

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25043

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25300

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25815

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26079

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26117

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 91 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26391

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Colleen Hagan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25095

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Colleen Hagan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25351

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Colleen Hagan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25771

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Colleen Hagan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26040

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Colleen Hagan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26172

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Colleen Hagan

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26445

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nicole Hall

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26199

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nicole Hall

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26472

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25058

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25315

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25729

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.25998

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26132

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26406

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Craig M. Hansen

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.25040

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Craig M. Hansen

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.25297

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Craig M. Hansen

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.25811

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Craig M. Hansen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26075

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Craig M. Hansen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26113

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Craig M. Hansen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26387

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 98 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dan M. Harrison

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25097

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dan M. Harrison

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25353

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dan M. Harrison

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25774

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dan M. Harrison

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.26042

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dan M. Harrison

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26174

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dan M. Harrison

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26447

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25103

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25359

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25782

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11AI.26050

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26183

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26455

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christine M. Hayes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26208

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christine M. Hayes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26482

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25026

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25283

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25797

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Quinn A. Henderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25085

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Quinn A. Henderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25341

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Quinn A. Henderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25757

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Quinn A. Henderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26027

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Quinn A. Henderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26160

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Quinn A. Henderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26433

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Johanna Herrmann

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26267

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Johanna Herrmann

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26540

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25099

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25355

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25778

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26046

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26179

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26451

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25036

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25293

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25807

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26071

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26109

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 110 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26383

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25102

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25358

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 111 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25781

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26049

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26182

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 112 OF 258

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William Hinsdale

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.26454

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John J. Hofstetter

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SA11AI.26278

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John J. Hofstetter

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.26552

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher H. Horan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26243

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher H. Horan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26516

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25041

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25298

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25813

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26077

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26115

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26389

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marlene Hyman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26232

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marlene Hyman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26506

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Goran Jankovic

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25107

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Goran Jankovic

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25363

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 117 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Goran Jankovic

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25786

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Goran Jankovic

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26054

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Goran Jankovic

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26187

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Goran Jankovic

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26459

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25049

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25306

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 06 2016

Transaction ID : SA11AI.25821

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 20 2016

Transaction ID : SA11AI.26085

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 03 2016

Transaction ID : SA11AI.26123

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

288.45

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26397

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Manuel C. Jimenez

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26257

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Manuel C. Jimenez

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26530

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Walter C. Johnson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25061

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Walter C. Johnson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25318

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walter C. Johnson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25732

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Walter C. Johnson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26001

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Walter C. Johnson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26135

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walter C. Johnson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26409

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 123 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jacqueline M. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26307

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jacqueline M. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26580

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25104

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 124 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura A. Jones

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

04 / 22 / 2016

Transaction ID : SA11AI.25360

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura A. Jones

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

05 / 06 / 2016

Transaction ID : SA11AI.25783

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura A. Jones

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11AI.26051

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 125 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26184

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26456

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25033

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25290

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25804

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26068

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 127 OF 258

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Paul Kensicki

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26106

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Kensicki

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26380

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Janet H. Kimbrough

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26239

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 128 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Janet H. Kimbrough

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26513

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas M. Kincaid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.25992

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas M. Kincaid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26194

Amount of Each Receipt this Period

20.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.89

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 129 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas M. Kincaid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26467

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sharon L. King

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26279

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Sharon L. King

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26553

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

59.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 130 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25034

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25291

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25805

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26069

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26107

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26381

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

288.45

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 132 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa L. Knowles-Spruell

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2016

Transaction ID : SA11AI.25084

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa L. Knowles-Spruell

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2016

Transaction ID : SA11AI.25340

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lisa L. Knowles-Spruell

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.25756

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa L. Knowles-Spruell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26026

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa L. Knowles-Spruell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26159

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lisa L. Knowles-Spruell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26432

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Stephan Korda

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26300

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephan Korda

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26574

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.25035

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 135 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25292

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25806

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26070

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26108

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26382

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25050

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25307

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25822

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26086

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26124

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26399

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ladonna Y. Latney-Battle

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26213

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ladonna Y. Latney-Battle

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26487

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jessica Lincoln

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26262

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jessica Lincoln

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26535

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 140 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Luke C. Lovgren

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26204

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Luke C. Lovgren

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26478

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

04 / 08 / 2016

Transaction ID : SA11AI.25048

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 22 2016

Transaction ID : SA11AI.25305

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 06 2016

Transaction ID : SA11AI.25820

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 20 2016

Transaction ID : SA11AI.26084

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 142 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26122

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26396

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Martin

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

04 / 08 / 2016

Transaction ID : SA11AI.25109

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 143 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas Martin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25365

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas Martin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25788

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Martin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26056

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Joanna M. Maslanka

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26286

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joanna M. Maslanka

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26560

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25031

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25288

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25802

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26066

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 146 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26104

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26378

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Faustino Mayo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26309

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Faustino Mayo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26582

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angeline C. McCabe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26263

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angeline C. McCabe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26536

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ray McComb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25063

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ray McComb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25320

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ray McComb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25734

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ray McComb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26003

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ray McComb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26137

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ray McComb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26411

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.25991

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26193

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26466

Amount of Each Receipt this Period

20.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

62.49

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sarah Helene McKinnie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26222

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sarah Helene McKinnie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26497

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tanya M. McNally

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26229

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Tanya M. McNally

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26503

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. June Mellor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26206

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. June Mellor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26480

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth M. Miller

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26227

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth M. Miller

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26501

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eufemia E. Mitchell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26290

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 154 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Eufemia E. Mitchell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26564

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26283

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26557

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 155 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Timothy M. Mullen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26294

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy M. Mullen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26568

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kathleen Mulqueen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26303

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 156 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kathleen Mulqueen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26577

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kelly A. Munson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26295

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kelly A. Munson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26569

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 157 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Raymond Murray

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26299

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Raymond Murray

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26573

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dawna Nibert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26266

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dawna Nibert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26539

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25025

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25282

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 159 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25796

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26061

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26099

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26373

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shunae E. Norton

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26518

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael J. Orlosky

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25080

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

153.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 161 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael J. Orlosky

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25336

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael J. Orlosky

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25752

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael J. Orlosky

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26022

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 162 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael J. Orlosky

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26155

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael J. Orlosky

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26428

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Benjamin Orris

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26284

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 163 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Benjamin Orris

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26558

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nino A. Palermo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26297

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nino A. Palermo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26571

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 164 OF 258

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Margaret E. Peal

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2016

Transaction ID : SA11AI.25089

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Margaret E. Peal

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

Transaction ID : SA11AI.25345

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Margaret E. Peal

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2016

Transaction ID : SA11AI.25761

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Margaret E. Peal

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.26031

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Margaret E. Peal

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26164

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Margaret E. Peal

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26437

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura B. Phin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26211

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura B. Phin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26485

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anthony B. Piagentini

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25091

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Anthony B. Piagentini

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 22 2016

Transaction ID : SA11AI.25347

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anthony B. Piagentini

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 06 2016

Transaction ID : SA11AI.25763

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anthony B. Piagentini

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 20 2016

Transaction ID : SA11AI.26033

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 168 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Anthony B. Piagentini

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26166

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anthony B. Piagentini

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26439

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Julia Pinckney

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26196

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Julia Pinckney

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26469

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cheryl L. Piskutz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26228

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Cheryl L. Piskutz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26502

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

58.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sue Podbielski

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25087

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sue Podbielski

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25343

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sue Podbielski

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25759

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 171 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sue Podbielski

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26029

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sue Podbielski

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26162

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sue Podbielski

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26435

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Patrick Poland

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25037

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patrick Poland

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25294

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patrick Poland

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25808

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Patrick Poland

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26072

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patrick Poland

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26110

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patrick Poland

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26384

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25024

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25281

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25828

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26092

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26097

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26371

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher Price

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25098

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher Price

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25354

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Christopher Price

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25776

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 177 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher Price

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26044

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher Price

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26177

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Christopher Price

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26449

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marla P. Purvis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25042

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marla P. Purvis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25299

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marla P. Purvis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25814

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marla P. Purvis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26078

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marla P. Purvis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26116

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marla P. Purvis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26390

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 180 OF 258

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Radu

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2016

Transaction ID : SA11AI.25051

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Radu

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2016

Transaction ID : SA11AI.25308

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Radu

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.25794

Amount of Each Receipt this Period

76.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Radu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26090

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Radu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26096

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Radu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26370

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25038

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25295

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25809

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 183 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11AI.26073

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26111

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26385

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 184 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26298

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26572

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David T. Reynolds

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26236

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 185 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David T. Reynolds

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26510

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25069

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25326

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 186 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25742

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26011

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26145

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 187 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26418

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Remedios Rodriguez

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26231

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Remedios Rodriguez

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26505

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

76.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 188 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Rosado

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26308

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Rosado

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26581

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25047

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 189 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25304

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25819

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26083

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26121

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26395

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rachael R. Rudd

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25077

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 191 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Rachael R. Rudd

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25333

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rachael R. Rudd

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25749

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rachael R. Rudd

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26019

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Rachael R. Rudd

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26152

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rachael R. Rudd

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26425

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Christine Ruediger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25101

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 193 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christine Ruediger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25357

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christine Ruediger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25780

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Christine Ruediger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26048

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christine Ruediger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26181

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christine Ruediger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26453

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Phyllis J. Ruska

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26238

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Phyllis J. Ruska

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26512

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patricia A. Russell

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26220

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patricia A. Russell

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26495

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25073

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25330

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25746

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 197 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26015

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26149

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26422

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 198 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marie E. Samerson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25090

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marie E. Samerson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25346

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marie E. Samerson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25762

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marie E. Samerson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26032

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marie E. Samerson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26165

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marie E. Samerson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26438

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Tracy M. Schmidt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26214

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tracy M. Schmidt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26488

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hania Schwartz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26254

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 201 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Hania Schwartz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26527

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey P. Scott

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26221

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey P. Scott

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26496

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Howard Shaps

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26250

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Howard Shaps

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26525

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25052

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

88.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 203 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25309

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25793

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26060

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 204 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26125

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26400

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Randall Simmons

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26244

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

169.23

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Randall Simmons

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26517

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lawrence R. Smart

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26288

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lawrence R. Smart

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26562

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25044

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25301

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25816

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26080

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26118

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26392

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 208 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Randall W. Smith

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2016

Transaction ID : SA11AI.25092

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Randall W. Smith

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2016

Transaction ID : SA11AI.25348

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Randall W. Smith

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.25764

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 209 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Randall W. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26034

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Randall W. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26167

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Randall W. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26440

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Philip G. Stalas

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26217

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Philip G. Stalas

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26491

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carol H. Steckel

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.25081

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 211 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carol H. Steckel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25337

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carol H. Steckel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25753

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carol H. Steckel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26023

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carol H. Steckel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26156

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carol H. Steckel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26429

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wesley K. Stiger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26224

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wesley K. Stiger

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26498

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25065

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25322

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25738

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26007

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26141

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26414

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Charles N. Talbert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26269

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Charles N. Talbert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26543

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

76.92

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 216 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Cynthia Thompson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25083

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cynthia Thompson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25339

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cynthia Thompson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25755

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 217 OF 258

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Cynthia Thompson

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.26025

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cynthia Thompson

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26158

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cynthia Thompson

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26431

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

115.38

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elissa A. Toder

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26285

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elissa A. Toder

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26559

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : SA11AI.25021

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 22 2016

Transaction ID : SA11AI.25278

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 06 2016

Transaction ID : SA11AI.25825

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 20 2016

Transaction ID : SA11AI.26088

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

576.90

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 220 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26094

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26368

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Miguel Torres

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26277

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

403.83

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 221 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Miguel Torres

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.26551

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Crysten C. Troutman

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SA11AI.26209

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Crysten C. Troutman

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.26483

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michelle Turano

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25812

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michelle Turano

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26076

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michelle Turano

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26114

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 223 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michelle Turano

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26388

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anthony J. Valdes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26246

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anthony J. Valdes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26521

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa VanSteelant

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25106

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa VanSteelant

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25362

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lisa VanSteelant

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25785

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 225 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa VanSteelant

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11AI.26053

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa VanSteelant

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26186

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lisa VanSteelant

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26458

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Leonel Viel

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26287

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Leonel Viel

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26561

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy R. Waggoner

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26302

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 227 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Timothy R. Waggoner

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26576

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ballard P. Walden

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.26273

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ballard P. Walden

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.26547

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 228 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Crystal W. Walker

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26233

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Crystal W. Walker

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26507

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25054

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25311

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25791

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26058

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26128

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26402

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kathy C. Warner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26289

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

102.55

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 231 OF 258

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kathy C. Warner

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26563

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dale Washington

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2016

Transaction ID : SA11AI.25088

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dale Washington

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2016

Transaction ID : SA11AI.25344

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dale Washington

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25760

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dale Washington

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26030

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dale Washington

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26163

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 233 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dale Washington

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26436

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William K. Watson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25055

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William K. Watson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25312

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

118.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 234 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William K. Watson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25790

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William K. Watson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26057

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William K. Watson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26129

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 235 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William K. Watson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26403

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marcia L. Welch

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26252

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Richard A. Wellons

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26234

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

78.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard A. Wellons

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26508

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael A. Whitaker

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26293

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael A. Whitaker

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26567

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jessica White

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2016

Transaction ID : SA11AI.25064

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jessica White

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2016

Transaction ID : SA11AI.25321

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jessica White

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.25737

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

115.38

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 238 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jessica White

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26005

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jessica White

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26139

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jessica White

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26413

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marketa Wills

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25093

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marketa Wills

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25349

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marketa Wills

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25767

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marketa Wills

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26036

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marketa Wills

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26169

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marketa Wills

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26442

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Chang Xie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26301

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chang Xie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26575

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shaojuan Xie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26248

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Shaojuan Xie

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26523

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25045

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25302

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25817

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26081

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26119

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26393

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary Virginia Yates

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26291

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mary Virginia Yates

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26565

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Yin Yiu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26216

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Yin Yiu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26490

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Belinda Young

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26200

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Belinda Young

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26473

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JoJo M. Young

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26282

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JoJo M. Young

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26556

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 247 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25029

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25286

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25800

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 258
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26064

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26102

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26376

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Annette L. Zerbe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26205

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Annette L. Zerbe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26479

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Le Zheng

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26226

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 250 OF 258

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Le Zheng

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26500

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carlene C. Zincke

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25062

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carlene C. Zincke

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25319

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 OF 258

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carlene C. Zincke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25733

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carlene C. Zincke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26002

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carlene C. Zincke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26136

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 252 OF 258

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carlene C. Zincke

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26410

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Scott R. Zinna

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26296

Amount of Each Receipt this Period

19.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Scott R. Zinna

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26570

Amount of Each Receipt this Period

19.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

76.92

TOTAL This Period (last page this line number only).....▶

38029.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 253 OF 258

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Boozman for Arkansas

Mailing Address P. O. Box 671

City	State	Zip Code
Rogers	AR	72757

Purpose of Disbursement
contribution

Candidate Name

John Boozman

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB23.25540

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Georgians for Isakson

Mailing Address P. O. Box 250116

City	State	Zip Code
Atlanta	GA	30325

Purpose of Disbursement
contribution

Candidate Name

John Hardy Isakson

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB23.25536

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie for Congress

Mailing Address 504 Derek Avenue

City	State	Zip Code
Elizabethtown	KY	42701

Purpose of Disbursement
contribution

Candidate Name

S. Brett Guthrie

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Transaction ID : SB23.25539

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 254 OF 258

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Hoyer's Majority FundMailing Address 700 13th Stret, N.W.
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: MD District: 05Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2016

Transaction ID : SB23.25543

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rand Paul Victory Kentucky

Mailing Address P. O. Box 190

City Newport State KY Zip Code 41072

Purpose of Disbursement
contribution

Candidate Name

Rand Paul

Office Sought: ☐ House
☒ Senate
☐ President
State: KY District: 00Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SB23.26367

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Roskam for Congress

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
contribution

Candidate Name

Peter Roskam

Office Sought: ☒ House
☐ Senate
☐ President
State: IL District: 06Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2016

Transaction ID : SB23.25546

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 255 OF 258

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Texans for Senator John Cornyn

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Mailing Address P. O. Box 13026

City	State	Zip Code
Austin	TX	78711

Purpose of Disbursement
contribution

Candidate Name

John Cornyn

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 00

Category/
Type

Transaction ID : SB23.25535

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Scott for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement
contribution

Candidate Name

Timothy E. Scott

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District: 00

Category/
Type

Transaction ID : SB23.25537

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Amount of Each Disbursement this Period

--

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

10000.00

TOTAL This Period (last page this line number only).....▶

26000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 256 OF 258

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Tim Moore

Mailing Address 305 E. King Street

City	State	Zip Code
Kings Mountain	NC	28086

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2016

Transaction ID : SB29.25276

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Democratic Party

Mailing Address P. O. Box 694

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2016

Transaction ID : SB29.25547

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky House Democratic Caucus Committee

Mailing Address P. O. Box 4204

City	State	Zip Code
Frankfort	KY	40604

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : SB29.25713

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 257 OF 258

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Loveless for Senate 2016

Mailing Address 4701 S.W. 127th

City	State	Zip Code
Oklahoma City	OK	73173

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2016

Transaction ID : SB29.26361

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Phil Berger Committee

Mailing Address P. O. Box 1309

City	State	Zip Code
Eden	NC	27289

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2016

Transaction ID : SB29.25277

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Phil Berger Committee

Mailing Address P. O. Box 1309

City	State	Zip Code
Eden	NC	27289

Purpose of Disbursement
Void check dated 1/11/16

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2016

Transaction ID : SB29.26357

Amount of Each Disbursement this Period

-2000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Texans for Joe Straus

Mailing Address P. O. Box 90388

City	State	Zip Code
San Antonio	TX	78209

Purpose of Disbursement	non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB29.25545

Amount of Each Disbursement this Period

2000.00

 Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

 Memo Item

SUBTOTAL of Disbursements This Page (optional).....

2000.00

TOTAL This Period (last page this line number only).....

9500.00